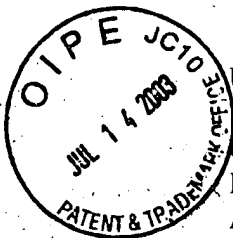


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United States Department of Commerce  
United States Patent and Trademark Office  
Commissioner For Patents  
P.O. Box 1450,  
Alexandria, VA 22313-1450

MAILING CERTIFICATE UNDER 37 C.F.R. 1.8(A)

I hereby certify that the above correspondence is being deposited with the U.S. Postal Service as First Class Mail, on July 8, 2003, in an envelope addressed to: United States Department of Commerce, United States Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Printed Name: Steven Thrasher

Signature: 

Date: July 8, 2003

RE: PATENT APPLICATION FEE DETERMINATION RECORD

Application Number: 09/595,787  
Filing Date: 06/16/2000  
First Named Applicant: Drew Waters  
Art Unit: 3761  
Examiner: Truong, Linh T

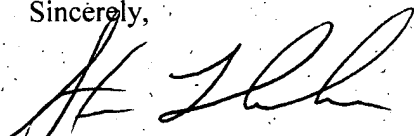
RECEIVED  
JUL 22 2003  
TECHNOLOGY CENTER R3700

Dear Sir/Madam,

Per your request, please find enclosed:

1. payment of the fee in connection with the amendment filed June 5, 2003, credit card payment form for \$210;
2. signed signature page, and
3. a copy of this notice.

Sincerely,

  
Steven Thrasher  
Attorney for Applicant



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
00/595,787	06/16/2000	Drew Waters	108120.00001	3221

7590

06/20/2003

Steven Thrasher  
387 Sandhill Drive  
Richardson, TX 75080

EXAMINER

TRUONG, LINH T

ART UNIT

PAPER NUMBER

3761

DATE MAILED: 06/20/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

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UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.

EXAMINER	
ART UNIT	PAPER NUMBER

DATE MAILED:

INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☒ the amendment filed 6-5-03 is indicated below.

A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. \_\_\_\_\_ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☐ The amendment is considered an incomplete response, in that payment of \$ \_\_\_\_\_ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☒ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. ☐ The filing fee of \$ \_\_\_\_\_ submitted in this application is insufficient.  
A balance of \$ \_\_\_\_\_ is due for additional claims.

5. ☒ Signature page needs signing.

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE,  
OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER,  
WITHIN WHICH TO REMIT THE FEE OF \$ 210.00.

B. EXCESS PAYMENT:

5. ☐ It is noted that payment of \$ \_\_\_\_\_ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

R. Johnson  
CLERK OF GROUP

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 29, 1999

**CLAIMS AS FILED - PART I**

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	20 minus 20 = *	—
INDEPENDENT CLAIMS	3 minus 3 = *	—
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 20 Minus	** 20	= —
Independent	* 8 Minus	*** 3	= 5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

JUL 22 2003

TECHNOLOGY CENTER R3700

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

Application or Docket Number  
09 / 595787

**SMALL ENTITY TYPE** ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
<b>TOTAL</b>	<b>345</b>

**SMALL ENTITY** ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	210
+130=	
<b>TOTAL ADDIT. FEE</b>	<b>210.</b>

**SMALL ENTITY** ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
<b>TOTAL ADDIT. FEE</b>	

**SMALL ENTITY** ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
<b>TOTAL ADDIT. FEE</b>	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.